


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90059 042 ***150.00

PROFIT CORPORATION - ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S71853					
1. Corporation Name EZ-TIXZ, INC.					
Principal Place of Business 350 MAYFAIR CIRCLE EAST PALM HARBOR FL 34683			Mailing Address 350 MAYFAIR CIRCLE EAST PALM HARBOR FL 34683		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3084020	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ROBERTS, KEITH F. 240 PLANT AVE. SUITE B308 TAMPA FL 33606			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable) 1902 S. MacDill Ave.		
			83		
			84 City Tampa FL 85 Zip Code 33629		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DV <input type="checkbox"/> DELETE				
NAME	BELL, GAIL				
STREET ADDRESS	240 PLANT AVE., S-B308				
CITY-ST-ZIP	TAMPA FL				
TITLE	SV <input type="checkbox"/> DELETE				
NAME	STUDNICKA, STEPHEN L.				
STREET ADDRESS	240 PLANT AVE., S-B308				
CITY-ST-ZIP	TAMPA FL				
TITLE	CD <input type="checkbox"/> DELETE				
NAME	JAUFMANN, EDWIN J., JR.				
STREET ADDRESS	240 PLANT AVE., S-B308				
CITY-ST-ZIP	TAMPA FL				
TITLE	PDT <input type="checkbox"/> DELETE				
NAME	VANDOREN, N. RICHARD				
STREET ADDRESS	240 PLANT AVE S-B308				
CITY-ST-ZIP	TAMPA FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS 1902 S. MacDill Ave					
1.4 CITY-ST-ZIP Tampa FL 33629					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS 1902 S. MacDill Ave					
2.4 CITY-ST-ZIP Tampa FL 33629					
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS 1902 S. MacDill Ave.					
3.4 CITY-ST-ZIP Tampa FL 33629					
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS 1902 S. MacDill Ave.					
4.4 CITY-ST-ZIP Tampa FL 33629					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **Edwin J. Jufmann Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 **727-787-5911**
Date Daytime Phone #

CR2E034 (1/1/98)